PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

NSTRUCTIONS: This ppropriate. All further of ndicated unless corrected naintenance fee notificated	d below or directed oth	trans g the P erwise	mitting the ISSU Patent, advance or in Block I, by (a	i) specifying a new c	orresp	ondence address;	and/or (t	o) indicating a sepa	nould be completed where correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
WARE FRESSOLA VAN DER SLUYS & ADOLPHSON, LLP BRADFORD GREEN, BUILDING 5 755 MAIN STREET, PO BOX 224						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
MONROE, CT 0	16468		•		V	iclissa L	Pa	risc	(Depositor's name)	
		Melissal			arise_	(Signature)				
					2	Januar	411	12008	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVI		TOR	FOR ATTO		EY DOCKET NO.	CONFIRMATION NO.	
10/702,217	10/702,217 11/04/2003		Jussi Nummine					-003.160-1	7998	
TTLE OF INVENTION: METHOD FOR CONTROLLING TERMINAL FAULT CORRECTIONS IN CELLULAR SYSTEM 11/15/2015 11/102217										
						01 FC:150 02 FC:150	1		1440.00 OP 300.00 OP	
APPLN. TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE D	DUE	PREV. PAID ISSUE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1440	\$300		\$0	•	\$1740	02/07/2008	
EXAMINER			ART UNIT	CLASS-SUBCLASS	3					
STEPHEN, EMEM O			2617 455-419000							
Change of correspondence address or indication of "Fee Address" (3 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
No Kia Corporation Fin land lease check the appropriate assignee category or categories (will not be printed on the patent): Individual & Corporation or other private group entity Government										
lease check the appropri	ate assignee category or	categor	ies (will not be pr	inted on the patent):	<u> </u>	ndividual A Cor	poration	or other private gro	oup entity Government	
The following fec(s) are submitted: State State				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 33-0443 (enclose an extra copy of this form).						
a. Applicant claims	us (from status indicated SMALL ENTITY statu	s. See 3	7 CFR 1.27.	☐ b. Applicant is no						
OTE: The Issue Fee and terest as shown by the re	I Publication Fee (if requeeords of the United Sta	iired) w tes Pate	ill not be accepted nt and Trademark	from anyone other the Office.	han the	applicant; a regist	tered atto	orney or agent; or th	e assignee or other party in	
Authorized Signature		M				Date			· .	
Typed or printed name		REN				Registration No				
his collection of informan application. Confident abmitting the completed his form and/or suggestion ox 1450, Alexandria, Vi lexandria, Virginia 2231	ation is required by 37 C iality is governed by 35 application form to the ons for reducing this buringinia 22313-1450. DO 3-1450.	FR 1.31 U.S.C. USPTO den, sho NOT S	1. The information 122 and 37 CFR D. Time will vary build be sent to the END FEES OR C	n is required to obtain 1.14. This collection i depending upon the i e Chief Information O COMPLETED FORM	or relis esting individual officer, IS TO	ain a benefit by the nated to take 12 m lual case. Any con U.S. Patent and T THIS ADDRESS.	e public inutes to nments o rademar SEND T	which is to file (and complete, including the amount of tirk Office, U.S. Departo: Commissioner I	by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.